

**Additions/Deletions**

accessIndiana/CivicNet account number \_\_\_\_\_

Administrator Name \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Administrator signature \_\_\_\_\_

What method do you prefer to receive usernames and passwords:

☐ Fax ☐ Phone ☐ Mail

**Deletions**

Name:

Username:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Additions**

Name:

Signature:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**New Policy effective 3/25/2002 al and CivicNet must have a original signature for every user on the account.**